

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
2001/02
FORM

460

Page 1 of 102

For Official Use Only

Statement covers period

from 01/01/2019

through 02/09/2019

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☒ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☒ Amendment (Explain below)

To correct various items on Schedule A and E.

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
810163

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
California Republican Party - State

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

OPTIONAL: FAX/E-MAIL ADDRESS
916-448-9497 / bburch@cagop.org

Treasurer(s)

NAME OF TREASURER
Mr. Greg Gandrud

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-448-9496

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/13/2019 By Greg Gandrud
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 01/01/2019 through 02/09/2019	CALIFORNIA FORM 460 Page 3 of 102 I.D. NUMBER 810163
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$214,307.01	\$214,307.01
2. Loans Received	Schedule B, Line 7	\$0.00	\$200,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$214,307.01	\$414,307.01
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$214,307.01	\$414,307.01

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$305,413.56	\$305,413.56
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$305,413.56	\$305,413.56
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$99,013.64)	\$702,912.21
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$206,399.92	\$1,008,325.77

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$280,884.19	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$214,307.01	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$137,590.62	
15. Cash Payments	Column A, Line 8 above	\$305,413.56	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$327,368.26	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$902,912.21

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 4 of 102
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/2/2019	Rincon Band of Luiseno Mission Indians Valley Center, CA 92082	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$5,000.00	
1/2/2019	Rincon Band of Luiseno Mission Indians Valley Center, CA 92082	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$5,000.00	
1/2/2019	Boyd Smith Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WSJ Properties Real Estate Investor	\$5,000.00	\$15,000.00	
1/2/2019	Boyd Smith Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WSJ Properties Real Estate Investor	\$10,000.00	\$15,000.00	
1/3/2019	Baldwin-Kennedy for Assembly 2018 Laguna Niguel, CA 92677 Committee ID: 1402351	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$211,837.01
2. Amount received this period - unitemized contributions of less than \$100	\$2,470.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$214,307.01

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 5 of 102

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

I.D. Number

810163

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/3/2019	Bill Essayli for Assembly 2018 Irvine, CA 92618 Committee ID: 1402831	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/3/2019	Munson for Senate 2018 Ontario, CA 91762 Committee ID: 1402833	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/3/2019	Republican Women Alliance San Diego, CA 92117	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/3/2019	Konstantinos Roditis Orange, CA 92865	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sigma Development, LLC Executive	\$100.00	\$100.00	
1/3/2019	Tsuneishi Insurance Agency Torrance, CA 90503	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/3/2019	Waldron for Assembly 2018 San Diego, CA 92119 Committee ID: 1392666	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/5/2019	Henry Nickel for Assembly 2018 Sacramento, CA 95814 Committee ID: 1403611	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
	TREASURER Bryan Burch Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
1/5/2019	Melissa Melendez for Assembly 2018 Elk Grove, CA 95624 Committee ID: 1392806	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$1,484.00	
1/5/2019	Arthur Schaper Torrance, CA 90503-2321	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Direct Marketing Group Writer/Editor	\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/7/2019	Peter Amundson Arcadia, CA 91007-8234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Minuteman Transportation Transportation	\$155.00	\$155.00	
1/7/2019	California Federation of Republican Women Banning, CA 92220-6413	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$370.00	\$460.00	
1/9/2019	Melissa Melendez for Assembly 2018 Elk Grove, CA 95624 Committee ID: 1392806	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,484.00	
1/10/2019	Dhillon Law Group San Francisco, CA 94108-4725	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
1/10/2019	Fisher Vineyards Santa Rosa, CA 95404-9692	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
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1/10/2019	TNK Properties LLC Prunedale, CA 93907-1571	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$280.00	
1/11/2019	Homesmart PVA Salida, CA 95368	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$310.00	\$310.00	
1/11/2019	Howard Jarvis Taxpayers Associaton PAC Sacramento, CA 95814-4439 Committee ID: 782376	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
1/11/2019	Howard Jarvis Taxpayers Associaton PAC Sacramento, CA 95814-4439 Committee ID: 782376	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
1/11/2019	Howard Jarvis Taxpayers Associaton PAC Sacramento, CA 95814-4439 Committee ID: 782376	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
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1/11/2019	Jeff Alexander Services Thousand Oaks, CA 91362-2807	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$190.00	\$460.00	
1/11/2019	The Monaco Group Coto De Caza, CA 92679-5229	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,500.00	\$2,500.00	
1/12/2019	Giusto & Giusto Inc. San Francisco, CA 94112	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/12/2019	Laborde Land Co LLC Bakersfield, CA 93311-4932	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/12/2019	Rubinfeld Investments Marina Del Rey, CA 90295-7024	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$300.00	\$300.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
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NAME OF FILER
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1/12/2019	Shane Financial Services, Inc La Verne, CA 91750-2958	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$485.00	\$485.00	
1/14/2019	California Correction Peace Officers Association (CCPOA) PAC Sacramento, CA 95814-3963 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
1/14/2019	California Correction Peace Officers Association (CCPOA) PAC Sacramento, CA 95814-3963 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
1/14/2019	California Correction Peace Officers Association (CCPOA) PAC Sacramento, CA 95814-3963 Committee ID: 830349	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
1/14/2019	California Refuse Recycling Council North Sacramento, CA 95814-3943 Committee ID: 923445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>02/09/2019</u>		CALIFORNIA FORM 460 Page <u>11</u> of <u>102</u> I.D. Number 810163

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/14/2019	California Refuse Recycling Council North Sacramento, CA 95814-3943 Committee ID: 923445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
1/14/2019	California Refuse Recycling Council North Sacramento, CA 95814-3943 Committee ID: 923445	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
1/15/2019	Jeff Alexander Services Thousand Oaks, CA 91362-2807	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$180.00	\$460.00	
1/15/2019	Mid Valley Construction Lancaster, CA 93539-4735	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
1/15/2019	Roxanne Hoge for Assembly 2018 Valley Village, CA 91607 Committee ID: 1403748	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
SUBTOTAL						

*Contributor Codes
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
		Page <u>12</u> of <u>102</u>
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/15/2019	Walmart Stores Inc Bentonville, AR 72716-6209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$100,000.00	
1/15/2019	Walmart Stores Inc Bentonville, AR 72716-6209	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50,000.00	\$100,000.00	
1/15/2019	Kenneth Wright Los Angeles, CA 90048	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$180.00	\$180.00	
1/16/2019	Janet Nguyen for Senate 2018 Sacramento, CA 95833-4131 Committee ID: 1373835	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/16/2019	Tejon Ranch Company Lebec, CA 93243-9705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
		Page <u>13</u> of <u>102</u>
		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/16/2019	Tejon Ranch Company Lebec, CA 93243-9705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
1/16/2019	Tejon Ranch Company Lebec, CA 93243-9705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.00	
1/17/2019	American Beverage Association California PAC San Rafael, CA 94901-5596 Committee ID: 1344506	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
1/17/2019	American Beverage Association California PAC San Rafael, CA 94901-5596 Committee ID: 1344506	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
1/17/2019	American Beverage Association California PAC San Rafael, CA 94901-5596 Committee ID: 1344506	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 14 of 102
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/17/2019	Jay Obernolte for Assembly 2018 Sacramento, CA 95814 Committee ID: 1392884	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,310.00	\$1,310.00	
1/17/2019	Justin Mendes for Assembly 2018 Visalia, CA 93291 Committee ID: 1403354	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$280.00	\$2,360.00	
1/18/2019	Beltone of Riverside Mira Loma, CA 91752	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$150.00	\$150.00	
1/18/2019	Carol Blevins Realtor Tracy, CA 95376	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$270.00	\$270.00	
1/18/2019	Republican Party of Riverside County Riverside, CA 92516- Committee ID: 747101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>02/09/2019</u>		CALIFORNIA FORM 460 Page <u>15</u> of <u>102</u> I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/18/2019	Shannon Grove for Senate Bakersfield, CA 93389 Committee ID: 1374834	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$670.00	
1/18/2019	Shannon Grove for Senate Bakersfield, CA 93389 Committee ID: 1374834	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$190.00	\$670.00	
1/18/2019	Elizabeth K. Spillane San Diego, CA 92101-7177	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of San Diego Dep Chief of Staff	\$100.00	\$100.00	
1/19/2019	Urban Strategies Thousand Oaks, CA 91362-3259	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/21/2019	Law Offices of Shaffer Cornell Blythe, CA 92225-1422	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$190.00	\$190.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
Page <u>16</u> of <u>102</u>		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/21/2019	Toni Holle for Assembly 52 2018 Chino, CA 91710 Committee ID: 1411676	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$190.00	\$190.00	
1/22/2019	Cummins & White, LLP Orange, CA 92866	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/22/2019	Republican Women of California, San Diego Ramona, CA 92065	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$460.00	\$460.00	
1/22/2019	Robert W Naylor Advocacy, LLC Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$370.00	\$370.00	
1/22/2019	Tri Valley Republican Women Federated Livermore, CA 94551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$180.00	\$540.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
		Page <u>17</u> of <u>102</u>
NAME OF FILER California Republican Party - State		I.D. Number 810163

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/22/2019	Tri Valley Republican Women Federated Livermore, CA 94551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$180.00	\$540.00	
1/23/2019	Anderson for Board of Equalization 2018 La Mesa, CA 91942 Committee ID: 1401423	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/23/2019	California Forestry Association PAC Sacramento, CA 95814-3809 Committee ID: 761244	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
1/23/2019	California Forestry Association PAC Sacramento, CA 95814-3809 Committee ID: 761244	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.00	
1/23/2019	California Forestry Association PAC Sacramento, CA 95814-3809 Committee ID: 761244	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
		Page <u>18</u> of <u>102</u>
NAME OF FILER California Republican Party - State		I.D. Number 810163

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/23/2019	Santa Ynez Band of Mission Indians Santa Ynez, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
1/23/2019	Santa Ynez Band of Mission Indians Santa Ynez, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
1/23/2019	Santa Ynez Band of Mission Indians Santa Ynez, CA 93460	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$3,000.00	
1/23/2019	Seven Eleven Ranch Grenada, CA 96038-9604	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/23/2019	Tri Valley Republican Women Federated Livermore, CA 94551	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$180.00	\$540.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>02/09/2019</u>		CALIFORNIA FORM 460 Page <u>19</u> of <u>102</u> I.D. Number 810163

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California Republican Party - State

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1/23/2019	Vince Fong for Assembly 2018 Sacramento, CA 95814-0823 Committee ID: 1393014	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
1/24/2019	Farmers and Merchants Bank of Central California Lodi, CA 95240-2110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$666.67	\$2,000.00	
1/24/2019	Farmers and Merchants Bank of Central California Lodi, CA 95240-2110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$666.66	\$2,000.00	
1/24/2019	Farmers and Merchants Bank of Central California Lodi, CA 95240-2110	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$666.67	\$2,000.00	
1/24/2019	Jeff Alexander Services Thousand Oaks, CA 91362-2807	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$90.00	\$460.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 20 of 102
NAME OF FILER California Republican Party - State		I.D. Number 810163

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1/24/2019	Justin Mendes for Assembly 2018 Visalia, CA 93291 Committee ID: 1403354	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$190.00	\$2,360.00	
1/24/2019	Law Offices of Timothy L. O'Reilly Long Beach, CA 90802	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$360.00	\$360.00	
1/24/2019	Los Angeles Hispanic Republican Club Valley Village, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$190.00	\$190.00	
1/24/2019	The Henehan Company San Bernardino, CA 92408-3550	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/25/2019	Berry Petroleum Company Denver, CO 80202-5703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.01	

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 21 of 102
NAME OF FILER California Republican Party - State		I.D. Number 810163

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1/25/2019	Berry Petroleum Company Denver, CO 80202-5703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.01	
1/25/2019	Berry Petroleum Company Denver, CO 80202-5703	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.01	
1/25/2019	Justin Mendes for Assembly 2018 Visalia, CA 93291 Committee ID: 1403354	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$380.00	\$2,360.00	
1/25/2019	Justin Mendes for Assembly 2018 Visalia, CA 93291 Committee ID: 1403354	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$380.00	\$2,360.00	
1/25/2019	Shannon Grove for Senate Bakersfield, CA 93389 Committee ID: 1374834	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$190.00	\$670.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
Page <u>22</u> of <u>102</u>		I.D. Number 810163

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1/26/2019	3.14 Communications, LLC Sacramento, CA 95811	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/27/2019	Meridian Pacific, Inc. Sacramento, CA 95825-6709	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/27/2019	Paule Consulting Inc Temecula, CA 92591-5500	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
1/28/2019	CA Association of Oral & Maxillofacial Surgeons PAC Roseville, CA 95678 Committee ID: 1235948	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.01	
1/28/2019	CA Association of Oral & Maxillofacial Surgeons PAC Roseville, CA 95678 Committee ID: 1235948	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.01	
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 23 of 102
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/28/2019	CA Association of Oral & Maxillofacial Surgeons PAC Roseville, CA 95678 Committee ID: 1235948	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.01	
1/28/2019	Justin Mendes for Assembly 2018 Visalia, CA 93291 Committee ID: 1403354	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$190.00	\$2,360.00	
1/28/2019	Michael Lelieur Santa Cruz, CA 95062	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City of Santa Cruz Administrator	\$100.00	\$100.00	
1/28/2019	Orange Circle Strategies, LLC Orange, CA 92869	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$180.00	\$180.00	
1/28/2019	Shannon Grove for Senate Bakersfield, CA 93389 Committee ID: 1374834	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$90.00	\$670.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
		Page <u>24</u> of <u>102</u>
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/28/2019	Spates Financial Inc Lake Forest, CA 92630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$210.00	\$210.00	
1/28/2019	Table Mountain Rancheria Casino & Bingo Friant, CA 93626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.66	\$5,000.00	
1/28/2019	Table Mountain Rancheria Casino & Bingo Friant, CA 93626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
1/28/2019	Table Mountain Rancheria Casino & Bingo Friant, CA 93626	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
1/28/2019	Triple S Electric Co Alameda, CA 94501-5243	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
		Page <u>25</u> of <u>102</u>
		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/28/2019	Western Electrical Contractors Association, Inc. PAC Sacramento, CA 95814-4439 Committee ID: 991225	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,499.99	
1/28/2019	Western Electrical Contractors Association, Inc. PAC Sacramento, CA 95814-4439 Committee ID: 991225	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,499.99	
1/28/2019	Western Electrical Contractors Association, Inc. PAC Sacramento, CA 95814-4439 Committee ID: 991225	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,499.99	
1/28/2019	Wine Institute CA PAC Sacramento, CA 95814-4602 Committee ID: 1277874	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,499.99	
1/28/2019	Wine Institute CA PAC Sacramento, CA 95814-4602 Committee ID: 1277874	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,499.99	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 26 of 102

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

I.D. Number

810163

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/28/2019	Wine Institute CA PAC Sacramento, CA 95814-4602 Committee ID: 1277874	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,499.99	
1/29/2019	Humboldt Republican Central Committee Arcata, CA 95521 Committee ID: 741793	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$370.00	
1/29/2019	Koval for City Council 2018 Santee, CA 92071 Committee ID: 1409386	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/30/2019	John Moorlach for Senate 2020 Irvine, CA 92618 Committee ID: 1392543	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$435.00	\$870.00	
1/30/2019	Valadao for Congress Fresno, CA 93704 Committee ID: C00499392	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 27 of 102
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Aflac, Inc. Columbus, GA 31999-0001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,500.00	
1/31/2019	Aflac, Inc. Columbus, GA 31999-0001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,500.00	
1/31/2019	Aflac, Inc. Columbus, GA 31999-0001	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$1,500.00	
1/31/2019	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92264-5970	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
1/31/2019	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92264-5970	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.67	\$5,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>02/09/2019</u>		CALIFORNIA FORM 460 Page <u>28</u> of <u>102</u> I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Agua Caliente Band of Cahuilla Indians Palm Springs, CA 92264-5970	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,666.66	\$5,000.00	
1/31/2019	California Association of Winegrape Growers State PAC Sacramento, CA 95814-3970 Committee ID: 801893	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
1/31/2019	California Association of Winegrape Growers State PAC Sacramento, CA 95814-3970 Committee ID: 801893	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
1/31/2019	California Association of Winegrape Growers State PAC Sacramento, CA 95814-3970 Committee ID: 801893	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
1/31/2019	California Business Properties Assoc PAC Sacramento, CA 95814-4420 Committee ID: 850288	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
		Page <u>29</u> of <u>102</u>
NAME OF FILER California Republican Party - State		I.D. Number 810163

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	California Business Properties Assoc PAC Sacramento, CA 95814-4420 Committee ID: 850288	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
1/31/2019	California Business Properties Assoc PAC Sacramento, CA 95814-4420 Committee ID: 850288	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
1/31/2019	Eagle Roost Tree Farms Waldport, OR 97394-1808	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/31/2019	Golden State Consultants San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$180.00	\$180.00	
1/31/2019	John Moorlach for Senate 2020 Irvine, CA 92618 Committee ID: 1392543	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$435.00	\$870.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 30 of 102
NAME OF FILER California Republican Party - State		I.D. Number 810163

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
1/31/2019	Justin Mendes for Assembly 2018 Visalia, CA 93291 Committee ID: 1403354	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$470.00	\$2,360.00	
1/31/2019	Ralph and Linda McCornack Rentals Paso Robles, CA 93446	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/31/2019	Republican Party Of San Diego County San Diego, CA 92119-1695 Committee ID: 741949	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$778.00	\$778.00	
1/31/2019	Sorrentino Real Estate Sales Rancho Palos Verdes, CA 90275	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
1/31/2019	Sunkist PAC Sherman Oaks, CA 91423-2313 Committee ID: 782491	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.01	

SUBTOTAL

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
		Page <u>31</u> of <u>102</u>
NAME OF FILER California Republican Party - State		I.D. Number 810163

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1/31/2019	Sunkist PAC Sherman Oaks, CA 91423-2313 Committee ID: 782491	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.01	
1/31/2019	Sunkist PAC Sherman Oaks, CA 91423-2313 Committee ID: 782491	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.01	
2/1/2019	California Automotive Wholesalers Assn PAC Sacramento, CA 95834 Committee ID: 743364	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
2/1/2019	California Automotive Wholesalers Assn PAC Sacramento, CA 95834 Committee ID: 743364	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
2/1/2019	California Automotive Wholesalers Assn PAC Sacramento, CA 95834 Committee ID: 743364	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>02/09/2019</u>		CALIFORNIA FORM 460 Page <u>32</u> of <u>102</u> I.D. Number 810163

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NAME OF FILER

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2/1/2019	Jordan Cunningham for Assembly 2018 Sacramento, CA 95814 Committee ID: 1393016	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$570.00	\$570.00	
2/1/2019	Moist Realtors Inc Yucaipa, CA 92399	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/1/2019	UPSPAC - California Atlanta, GA 30328-3474 Committee ID: 921055	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	
2/3/2019	California Federation of Republican Women Banning, CA 92220-6413	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$90.00	\$460.00	
2/3/2019	Veronica Mundell Cathedral City, CA 92234	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of CA Social Worker	\$100.00	\$100.00	
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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
Page <u>33</u> of <u>102</u>		I.D. Number 810163

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2/3/2019	Steven Waldron Escondido, CA 92026-2056	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cruisin' Grand Owner	\$100.00	\$100.00	
2/4/2019	Associated General Contractors PAC West Sacramento, CA 95691-3462 Committee ID: 970230	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
2/4/2019	Associated General Contractors PAC West Sacramento, CA 95691-3462 Committee ID: 970230	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.34	\$1,000.00	
2/4/2019	Associated General Contractors PAC West Sacramento, CA 95691-3462 Committee ID: 970230	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$333.33	\$1,000.00	
2/4/2019	Association of California Life & Health Insurance Companies PAC Sacramento, CA 95814-3918 Committee ID: 761012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$666.67	\$2,000.00	
SUBTOTAL						

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
		Page <u>34</u> of <u>102</u>
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California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/4/2019	Association of California Life & Health Insurance Companies PAC Sacramento, CA 95814-3918 Committee ID: 761012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$666.66	\$2,000.00	
2/4/2019	Association of California Life & Health Insurance Companies PAC Sacramento, CA 95814-3918 Committee ID: 761012	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$666.67	\$2,000.00	
2/4/2019	Daro Commodities Tulare, CA 93274	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$450.00	\$900.00	
2/4/2019	Decor Color And Design Thousand Oaks, CA 91362	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/4/2019	Gallagher for Assembly 2018 Elk Grove, CA 95624 Committee ID: 1392567	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,100.00	\$2,000.00	
SUBTOTAL						

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OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
		Page <u>35</u> of <u>102</u>
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/4/2019	Gallagher for Assembly 2018 Elk Grove, CA 95624 Committee ID: 1392567	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$900.00	\$2,000.00	
2/4/2019	Gallo Technologies Rocklin, CA 95765	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/4/2019	Hickman Construction Lone Pine, CA 93545	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/4/2019	Justin Mendes for Assembly 2018 Visalia, CA 93291 Committee ID: 1403354	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$280.00	\$2,360.00	
2/4/2019	Melissa Melendez for Assembly 2018 Elk Grove, CA 95624 Committee ID: 1392806	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$360.00	\$1,484.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>02/09/2019</u>		CALIFORNIA FORM 460
Page <u>36</u> of <u>102</u>		
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/4/2019	Scott Peotter for City Council 2018 Newport Beach, CA 92625 Committee ID: 1364694	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/4/2019	Shannon Grove for Senate Bakersfield, CA 93389 Committee ID: 1374834	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$670.00	
2/4/2019	TNK Properties LLC Prunedale, CA 93907-1571	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$180.00	\$280.00	
2/4/2019	Rebecca Trahan Costa Mesa, CA 92627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CalFirst National Bank Finance	\$100.00	\$100.00	
2/5/2019	Daro Commodities Tulare, CA 93274	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$450.00	\$900.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 37 of 102
		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/5/2019	Justin Mendes for Assembly 2018 Visalia, CA 93291 Committee ID: 1403354	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$190.00	\$2,360.00	
2/5/2019	David Knittle Anaheim, CA 92804-6409	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Yellow Cab of OC Driver	\$100.00	\$100.00	
2/5/2019	KPA Strategies, Inc. El Dorado Hills, CA 95762-3713	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
2/5/2019	Pacific Coast Veteran Maintenance Company Upland, CA 91786	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/5/2019	Jeramy Young Hughson, CA 95326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$190.00	\$190.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u> through <u>02/09/2019</u>		CALIFORNIA FORM 460
Page <u>38</u> of <u>102</u>		
NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/6/2019	Humboldt Republican Central Committee Arcata, CA 95521 Committee ID: 741793	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$90.00	\$370.00	
2/7/2019	Californians for Making America Great Again Stockton, CA 95206 Committee ID: 1395571	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$90.00	\$180.00	
2/7/2019	Californians for Making America Great Again Stockton, CA 95206 Committee ID: 1395571	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$90.00	\$180.00	
2/7/2019	Gorman Financial Services Monterey, CA 93940	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$335.00	\$335.00	
2/7/2019	Humboldt Republican Central Committee Arcata, CA 95521 Committee ID: 741793	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$370.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/7/2019	Dawn Jones Salinas, CA 93907	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$100.00	
2/7/2019	Reardon & Associates Rancho Cucamonga, CA 91737	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/7/2019	Talarico Inc. Santa Ana, CA 92706	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/8/2019	Citizens for Constitutional Government Modesto, CA 95355	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
2/8/2019	Citizens for Constitutional Govt. Modesto, CA 95355-9523	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2019	
through	02/09/2019	Page 40 of 102
		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/8/2019	Greenberg Traurig Doral, FL 33166-6657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
2/8/2019	Greenberg Traurig Doral, FL 33166-6657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
2/8/2019	Greenberg Traurig Doral, FL 33166-6657	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
2/8/2019	Humboldt Republican Central Committee Arcata, CA 95521 Committee ID: 741793	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40.00	\$370.00	
2/8/2019	Humboldt Republican Central Committee Arcata, CA 95521 Committee ID: 741793	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$40.00	\$370.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/8/2019	Melissa Melendez for Assembly 2018 Elk Grove, CA 95624 Committee ID: 1392806	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$24.00	\$1,484.00	
2/8/2019	Miller Public Affairs Group, Inc. Sacramento, CA 95814-3963	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$200.00	
2/8/2019	Miller Public Affairs Group, Inc. Sacramento, CA 95814-3963	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$200.00	
2/8/2019	Nossaman, LLP Los Angeles, CA 90017-5800	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
2/8/2019	Nossaman, LLP Los Angeles, CA 90017-5800	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.33	\$2,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
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NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/8/2019	Nossaman, LLP Los Angeles, CA 90017-5800	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$833.34	\$2,500.00	
2/8/2019	Tim Thiesen Real Estate & Farming Fresno, CA 93654	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$200.00	
2/8/2019	Tim Thiesen Real Estate & Farming Fresno, CA 93654	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$200.00	
2/9/2019	Lori Addison Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$200.00	
2/9/2019	Lori Addison Carmel, CA 93923	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$200.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period from <u>01/01/2019</u>		CALIFORNIA FORM 460
through <u>02/09/2019</u>		
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NAME OF FILER California Republican Party - State		I.D. Number 810163

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/9/2019	Michael Addison Carmel, CA 93923-9526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$200.00	
2/9/2019	Michael Addison Carmel, CA 93923-9526	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A Retired	\$100.00	\$200.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$211,837.01		

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Schedule B - Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2019
through 02/09/2019

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Brian Dahle for Assembly 2018 Hilmar, CA 95324 Committee ID: 1393369 Memo Reference: PAY21477 <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200,000.00		<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$200,000.00 DATE DUE	 % RATE	\$200,000.00 10/12/2018 DATE INCURRED	CALENDAR YEAR \$0.00 PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 % RATE		CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 % RATE		CALENDAR YEAR PER ELECTION**
SUBTOTALS						\$200,000.00		

Schedule B Summary

1. Loans received this period. \$0.00
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \$0.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) Net \$0.00
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
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SCHEDULE B - PART 2

Statement covers period from <u>01/01/2019</u> through <u>02/09/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>01/01/2019</u> through <u>02/09/2019</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		SCHEDULE D	
from	01/01/2019	CALIFORNIA FORM 460	
through	02/09/2019	Page 47 of 102	
		I.D. NUMBER 810163	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Republican Party - State

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)
- Unitemized contributions and independent expenditures made this period of under \$100
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL**

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 01/01/2019 through 02/09/2019		CALIFORNIA FORM 460 Page 48 of 102
I.D. NUMBER 810163		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Emissary Relations, LLC Rancho Santa Fe, CA 92067	CNS		\$1,500.00
Golden State Strategy Group Sacramento, CA 95864-5641	CNS		\$20,500.00
Janessa Pulido Santa Paula, CA 93060-1422	OFC		\$75.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$305,312.69
2. Unitemized payments made this period of under \$100.	\$100.87
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$305,413.56

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through 02/09/2019		Page 49 of 102
NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB		\$624.18
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB		\$1,875.82
Dawn Dais Roseville, CA 95747-8889	CMP		\$525.00
Izaak Pichardo Arvin, CA 93203-2442	OFC		\$75.00
Catherine M Wheeler Roseville, CA 95747-8907	CNS		\$7,500.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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through 02/09/2019		Page 50 of 102
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SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$377.96
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$412.76
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$57.68
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$57.68
Public Opinion Strategies Redondo Beach, CA 90277-3620	CTB		Polling-SD 34	\$10,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Anderson Williams Research Dallas, TX 75219-2728	POL			\$10,000.00
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$10,770.94
The Brulte Group Fontana, CA 92336	CNS			\$16,800.00
Cody Storm Sacramento, CA 95814	TRS			\$166.39
Moore Information, Inc. Portland, OR 97201-7710	CTB	Polling		\$10,100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 02/09/2019		CALIFORNIA FORM 460 Page 52 of 102 I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Matt Klemin Roseville, CA 95747-7549	CNS			\$11,500.00
Ascendant Public Policy Group Cleveland, OH 44113			VOIP Phones	\$3,000.00
Ascendant Public Policy Group Cleveland, OH 44113			VOIP Phones	\$3,000.00
Zachary Brown Lincoln, CA 95648	CNS			\$4,000.00
Joel Bond Deas San Bernardino, CA 92408	CNS			\$2,455.91

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Goco Consulting, LLC Sacramento, CA 95819-3740			Canvassing	\$2,089.00
Public Opinion Strategies Redondo Beach, CA 90277-3620	CTB		Polling-SD 34	\$3,000.00
Axiom Strategies Kansas City, MO 64116-1786	LIT			\$3,066.11
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$10,000.00
Digital Native Corona, CA 92880	CMP			\$405.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Graystone Public Affairs, LLC Riverside, CA 92501-2902	CNS			\$2,500.00
James Stanley Sacramento, CA 95814	CNS			\$5,000.00
Burkewood Communications Corp. Princeton, NJ 08540-6328	TEL			\$300.00
Chapeau Graphics Sacramento, CA 95834-1460	LIT			\$1,630.00
Voterlink Costa Mesa, CA 92626-4538	WEB			\$1,879.45

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Baltazar C Lujan Modesto, CA 95351-2738	TRS			\$809.24
Nygren & Company, Inc. El Dorado Hills, CA 95762-7318	LIT			\$1,190.75
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$50.28
Capitol Tech Solutions Sacramento, CA 95816-5755	WEB			\$250.00
Hyatt Regency Sacramento Sacramento, CA 95814-3936	MTG			\$30,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Lily Mackay Sacramento, CA 95811	TRS			\$379.72
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$5,000.00
Maria Martinez Consulting Fresno, CA 93706	CNS			\$5,000.00
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$474.70
The Brulte Group Fontana, CA 92336	CNS			\$16,800.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 01/01/2019		
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NAME OF FILER California Republican Party - State		I.D. NUMBER 810163

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Hyatt Regency Sacramento Sacramento, CA 95814-3936	MTG			\$30,000.00
Padgett Communications Tampa, FL 33609	CMP			\$8,740.00
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$183.60
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO			\$550.80
California Republican Leadership Fund Laguna Niguel, CA 92677			Reimb. of Expenses-See Sch. G	\$1,000.00
Committee ID: 1340317				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 01/01/2019 through 02/09/2019		CALIFORNIA FORM 460 Page 58 of 102
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pulido USB Visa Saint Louis, MO 63108			Credit Card Payment-See Sch. G	\$200.00
Pulido USB Visa Saint Louis, MO 63108			Credit Card Payment-See Sch. G	\$200.00
California Republican Leadership Fund Laguna Niguel, CA 92677			Reimb. of Expenses-See Sch. G	\$1,000.00
Committee ID: 1340317 Meridian Pacific, Inc. Sacramento, CA 95825-6709			OFC, TRS	\$834.36
Judith McCarthy Bakersfield, CA 93311-1160	SAL			\$1,952.93

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Judith McCarthy Bakersfield, CA 93311-1160	SAL			\$1,952.93
Izaak Pichardo Arvin, CA 93203-2442	SAL			\$1,804.01
Izaak Pichardo Arvin, CA 93203-2442	SAL			\$1,804.01
Janessa Pulido Santa Paula, CA 93060-1422	SAL			\$2,379.85
Janessa Pulido Santa Paula, CA 93060-1422	SAL			\$2,379.85

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
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Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955	SAL		Payroll Taxes	\$3,462.73
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955	SAL		Payroll Taxes	\$3,462.70
Paychex, Inc. Glendale, CA 91203-3338	SAL		Payroll Processing Fees	\$442.90
Paychex, Inc. Glendale, CA 91203-3338	SAL		Payroll Processing Fees	\$442.90
California Republican Leadership Fund Laguna Niguel, CA 92677			Reimb. of Expenses-See Sch. G	\$1,000.00
Committee ID: 1340317				

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pulido USB Visa Saint Louis, MO 63108			Credit Card Payment-See Sch. G	\$200.00
The Brulte Group Fontana, CA 92336	CNS			\$33,600.00
Izaak Pichardo Arvin, CA 93203-2442	OFC			\$75.00
US Bank Encino, CA 91436-2802			Merchant Fees	\$37.00
US Bank Encino, CA 91436-2802			Merchant Fees	\$122.98

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Bank Encino, CA 91436-2802			Merchant Fees	\$143.84
US Bank Encino, CA 91436-2802			Merchant Fees	\$122.98
US Bank Encino, CA 91436-2802			Merchant Fees	\$940.95
US Bank Encino, CA 91436-2802			Merchant Fees	\$74.00
US Bank Encino, CA 91436-2802			Merchant Fees	\$37.00

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Schedule E (Continuation Sheet) Payments Made

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Statement covers period		CALIFORNIA FORM 460
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Clara Bowman Corona Del Mar, CA 92625-2650	SAL			\$966.80

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SUBTOTAL \$305,312.69

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
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SCHEDULE F

Statement covers period
from 01/01/2019
through 02/09/2019

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NAME OF FILER
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Capitol Tech Solutions Sacramento, CA 95816-5755	WEB	\$624.18	\$0.00	\$624.18	\$0.00
Political Social Media, LLC Washington, DC 20037	CTB Text Messages	\$3,000.00	\$0.00	\$0.00	\$3,000.00
Moore Information, Inc. Portland, OR 97201-7710	CTB Polling-SD 12	\$19,200.00	\$0.00	\$0.00	\$19,200.00

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SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$52,990.79
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$152,004.43
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$99,013.64)
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
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through 02/09/2019

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810163

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
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Moore Information, Inc. Portland, OR 97201-7710	CTB Polling-SD 12	\$13,500.00	\$0.00	\$0.00	\$13,500.00
Public Opinion Strategies Redondo Beach, CA 90277-3620	CTB Polling-SD 34	\$40,250.00	\$0.00	\$13,000.00	\$27,250.00
Moore Information, Inc. Portland, OR 97201-7710	CTB Polling	\$89,500.00	\$0.00	\$10,100.00	\$79,400.00
GS Strategy Group Boise, ID 83702-5460	CTB Polling	\$22,000.00	\$0.00	\$0.00	\$22,000.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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SCHEDULE F (CONT.)

Statement covers period
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NAME OF FILER
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Public Opinion Strategies Redondo Beach, CA 90277-3620	CTB Polling	\$42,000.00	\$0.00	\$0.00	\$42,000.00
Andrews Communications Hanford, CA 93230-7093	CNS	\$7,444.98	\$0.00	\$0.00	\$7,444.98
Moore Information, Inc. Portland, OR 97201-7710	POL	\$38,800.00	\$0.00	\$0.00	\$38,800.00
Public Opinion Strategies Redondo Beach, CA 90277-3620	POL	\$34,325.00	\$0.00	\$0.00	\$34,325.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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NAME OF FILER
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Ascendant Public Policy Group Cleveland, OH 44113	VOIP Phones	\$6,000.00	\$0.00	\$6,000.00	\$0.00
Bell, McAndrews & Hiltachk Sacramento, CA 95814-4404	PRO	\$115,891.75	\$0.00	\$26,505.34	\$89,386.41
Bernd Schwieren Roseville, CA 95747-6705	CNS	\$5,750.00	\$0.00	\$0.00	\$5,750.00
The Brulte Group Fontana, CA 92336	CNS	\$33,600.00	\$0.00	\$33,600.00	\$0.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

Statement covers period
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Zachary Brown Lincoln, CA 95648	CNS	\$4,000.00	\$0.00	\$4,000.00	\$0.00
Chapeau Graphics Sacramento, CA 95834-1460	LIT	\$12,520.00	\$0.00	\$1,630.00	\$10,890.00
Joel Bond Deas San Bernardino, CA 92408	CNS	\$2,455.91	\$0.00	\$2,455.91	\$0.00
Goco Consulting, LLC Sacramento, CA 95819-3740	Canvassing	\$52,425.50	\$0.00	\$2,089.00	\$50,336.50

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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Statement covers period
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Golden State Strategy Group Sacramento, CA 95864-5641	CNS	\$20,500.00	\$0.00	\$20,500.00	\$0.00
Graystone Public Affairs, LLC Riverside, CA 92501-2902	CNS	\$12,812.00	\$0.00	\$2,500.00	\$10,312.00
GS Strategy Group Boise, ID 83702-5460	POL	\$11,000.00	\$0.00	\$0.00	\$11,000.00
JMJ Associates Sacramento, CA 95816-6519	CNS	\$14,475.00	\$0.00	\$0.00	\$14,475.00

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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SCHEDULE F (CONT.)

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Matt Klemin Roseville, CA 95747-7549	CNS	\$11,500.00	\$0.00	\$11,500.00	\$0.00
Donald Levin W Sacramento, CA 95691-4609	CNS	\$2,250.00	\$0.00	\$0.00	\$2,250.00
Pluvius Group, LLC Los Angeles, CA 90071	CNS	\$7,000.00	\$0.00	\$0.00	\$7,000.00
Southlake Public Affairs Southlake, TX 76092	CNS	\$12,000.00	\$0.00	\$0.00	\$12,000.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Maria Martinez Consulting Fresno, CA 93706	CNS	\$23,377.22	\$0.00	\$5,000.00	\$18,377.22
James Stanley Sacramento, CA 95814	CNS	\$5,000.00	\$0.00	\$5,000.00	\$0.00
Strategic Red Reston, VA 20190	WEB	\$29,200.00	\$0.00	\$0.00	\$29,200.00
Wendy Warfield & Associates Sacramento, CA 95814-2822	CNS	\$10,014.31	\$0.00	\$0.00	\$10,014.31

SUBTOTALS

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F (CONT.)

Statement covers period
from 01/01/2019
through 02/09/2019

CALIFORNIA
FORM 460

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

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Western American Public Affairs Orange, CA 92865-2207	CNS	\$20,000.00	\$0.00	\$0.00	\$20,000.00
Catherine M Wheeler Roseville, CA 95747-8907	CNS	\$7,500.00	\$0.00	\$7,500.00	\$0.00
Anderson Williams Research Dallas, TX 75219-2728	POL	\$72,010.00	\$0.00	\$0.00	\$72,010.00
Emissary Relations, LLC Rancho Santa Fe, CA 92067	CNS	\$0.00	\$1,500.00	\$0.00	\$1,500.00

SUBTOTALS

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
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through 02/09/2019

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NAME OF FILER California Republican Party - State	I.D. NUMBER 810163
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
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Golden State Strategy Group Sacramento, CA 95864-5641	CNS	\$0.00	\$15,000.00	\$0.00	\$15,000.00
Donald Levin W Sacramento, CA 95691-4609	CNS	\$0.00	\$2,250.00	\$0.00	\$2,250.00
Meridian Pacific, Inc. Sacramento, CA 95825-6709	CNS	\$0.00	\$20,000.00	\$0.00	\$20,000.00
Hien Nguyen San Diego, CA 92129-4210	OFC, TRS	\$0.00	\$454.23	\$0.00	\$454.23
SUBTOTALS					

**Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)**

Type or print in ink.
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to whole dollars.

Statement covers period
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through 02/09/2019

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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Nygren & Company, Inc. El Dorado Hills, CA 95762-7318	LIT	\$0.00	\$5,286.56	\$0.00	\$5,286.56
Political Finance Solutions, Inc. Sacramento, CA 95814-0823	PRO	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Catherine M Wheeler Roseville, CA 95747-8907	CNS	\$0.00	\$7,500.00	\$0.00	\$7,500.00
SUBTOTALS		\$801,925.85	\$52,990.79	\$152,004.43	\$702,912.21

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
Axiom Strategies

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Encompass Direct Cheyenne, WY 82001	LIT			\$3,499.86
USPS Van Nuys, CA 91409-8601	POS			\$3,224.30

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$6724.16

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2019
through 02/09/2019

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FORM **460**

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Republican Leadership Fund

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Catherine M Wheeler Roseville, CA 95747-8907	CNS			\$3,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3000.00

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
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SCHEDULE G

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Republican Party Federal Acct

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AFS/IBEX Financial Services Newport Beach, CA 92660-2463			Insurance	\$8,252.42
Arkadin, Inc. Schaumburg, IL 60173-6052			Conference Call Services	\$118.81
Ascendant Public Policy Group Cleveland, OH 44113			VOIP Phones	\$3,960.00
ATS Communications Concord, CA 94520-1178			Office Phone System	\$122.29

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$12453.52

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

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California Republican Party Federal Acct

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ATS Communications Concord, CA 94520-1178			Office Phone System	\$144.00
Beacon IT Services Washington, DC 20005			IT Consulting Services-less than 25% FEA	\$1,080.00
Beacon IT Services Washington, DC 20005			IT Consulting Services-less than 25% FEA	\$3,240.00
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$4,358.67

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$8822.67

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

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California Republican Party Federal Acct

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$435.82
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$1,607.68
Blue Shield of California Los Angeles, CA 90074-0001			Employee Medical Benefits	\$261.64
James L Brulte Fontana, CA 92336-0417			Reimb. Expenses-See Memos	\$1,173.25

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3478.39

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
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California Republican Party Federal Acct

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Cynthia Bryant Elk Grove, CA 95757-5984			Salary-less than 25% FEA	\$3,328.84
Cynthia Bryant Elk Grove, CA 95757-5984			Salary-less than 25% FEA	\$3,328.85
Bryant USB Bank Visa Saint Louis, MO 63108-2913			Credit Card Payment-See Memos	\$482.19
John Bryner Sunnyvale, CA 94087-1275			Reimb. Expenses-See Memos	\$345.14

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$7485.02

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
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NAME OF FILER
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California Republican Party Federal Acct

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Bryner Sunnyvale, CA 94087-1275			Salary-less than 25% FEA	\$1,170.71
John Bryner Sunnyvale, CA 94087-1275			Salary-less than 25% FEA	\$1,170.71
Capitol Tech Solutions Sacramento, CA 95816-5755			IT/Network Services	\$2,049.12
Carlos Chacon Visalia, CA 93291			Reimb. Expenses	\$765.70

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$5156.24

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CIT Technology Fin Serv, Inc. Los Angeles, CA 90071-3109			Copier Lease	\$633.68
Comcast Cable Sacramento, CA 95834-1999			Internet and Telephone	\$664.03
Kimberly Davis Elverta, CA 95626			Salary-less than 25% FEA	\$680.88
Kimberly Davis Elverta, CA 95626			Salary-less than 25% FEA	\$1,031.16

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3009.75

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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NAME OF FILER
California Republican Party - State

I.D. NUMBER
810163

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Republican Party Federal Acct

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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Fedex Express Memphis, TN 38120-4117			Overnight Services	\$837.95
Matthew Fleming Burbank, CA 91506-3404			Reimb. Expenses-See Memos	\$133.12
Matthew Fleming Burbank, CA 91506-3404			Salary-less than 25% FEA	\$1,774.90
Matthew Fleming Burbank, CA 91506-3404			Salary-less than 25% FEA	\$1,774.90

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$4520.87

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Beau Hashim Bakersfield, CA 93314-8321			Salary-less than 25% FEA	\$1,111.65
Beau Hashim Bakersfield, CA 93314-8321			Salary-less than 25% FEA	\$1,111.65
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955			Payroll Taxes	\$9,647.27
IRS c/o Paychex Tax Filing Service San Dimas, CA 91773-2955			Payroll Taxes	\$8,925.24

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TOTAL* \$20795.81

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rohit Joshi Sacramento, CA 95814			Salary-less than 25% FEA	\$1,124.50
Rohit Joshi Sacramento, CA 95814			Salary-less than 25% FEA	\$1,124.50
Alice Jungwirth Woodburn, OR 97071			Salary-less than 25% FEA	\$1,189.89
Alice Jungwirth Woodburn, OR 97071			Salary-less than 25% FEA	\$1,189.90

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TOTAL* \$4628.79

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Konica Minolta Premier Philadelphia, PA 19103-2707			Copier Lease	\$408.36
Konica Minolta Premier Philadelphia, PA 19103-2707			Copier Lease	\$408.36
Liberty Mutual Dover, NH 03821-1525			Insurance	\$1,465.20
Luby USB Visa St. Louis, MO 63108			Credit Card Payment-See Memos	\$2,068.11

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TOTAL* \$4350.03

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Nithin B Mathew Fremont, CA 94539-7780			Reimb. Expenses-See Memos	\$325.64
Nithin B Mathew Fremont, CA 94539-7780			Salary-less than 25% FEA	\$1,816.14
Nithin B Mathew Fremont, CA 94539-7780			Salary-less than 25% FEA	\$1,816.14
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$639.44

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TOTAL* \$4597.36

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Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$87.72
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$162.90
Metlife Aurora, IL 60504-4102			Employee Medical Benefits	\$38.23
Minnick Insurance Services Orange, CA 92867-5103			Insurance	\$28,848.99

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TOTAL* \$29137.84

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Matthew Mitchell Castro Valley, CA 94552-9782			Salary-less than 25% FEA	\$1,985.09
Lauren Moran Fresno, CA 93711			Salary-less than 25% FEA	\$938.03
Lauren Moran Fresno, CA 93711			Salary-less than 25% FEA	\$961.09
NationBuilder Inc. Los Angeles, CA 90013-1155			Website Development	\$5,000.99

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TOTAL* \$8885.20

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Hong Nguyen Stockton, CA 95207-6579			Reimb. Expenses-See Memos	\$217.05
Paychex, Inc. Glendale, CA 91203-3338			Payroll Processing Fees	\$336.08
Paychex, Inc. Glendale, CA 91203-3338			Payroll Processing Fees	\$313.76
Pulido USB Visa St. Louis, MO 63179			Credit Card Payment-See Memos	\$2,268.66

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TOTAL* \$3135.55

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Regina R Santamaria Ontario, CA 91761-5412			Salary-less than 25% FEA	\$1,243.30
Regina R Santamaria Ontario, CA 91761-5412			Salary-less than 25% FEA	\$1,243.31
State Compensation Insurance Fund Sacramento, CA 95833-3224			Workers Comp. Insurance	\$777.42
Strategic Red Reston, VA 20190			GOTV Digital Ads	\$21,024.00

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TOTAL* \$24288.03

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
The Brulte Group Fontana, CA 92336			Strategic and Political Consulting-less than 25% FEA	\$3,024.00
The Brulte Group Fontana, CA 92336			Strategic and Political Consulting-less than 25% FEA	\$3,024.00
The Brulte Group Fontana, CA 92336			Strategic and Political Consulting-less than 25% FEA	\$3,024.00
The Brulte Group Fontana, CA 92336			Strategic and Political Consulting-less than 25% FEA	\$3,024.00

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TOTAL* \$12096.00

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Think Right Compliance, Inc. West Sacramento, CA 95691-5844			Compliance Consulting Services-less than 25% FEA	\$4,320.00
Travelers Insurance Hartford, CT 06183-0001			Liability Insurance	\$180.00
Rosa Trevizo Galt, CA 95632			Salary-less than 25% FEA	\$1,023.69
Rosa Trevizo Galt, CA 95632			Salary-less than 25% FEA	\$1,023.71

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TOTAL* \$6547.40

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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Bank Encino, CA 91436-2802			Merchant Fees	\$720.00
Vision Service Plan Gold River, CA 95670-7985			Employee Medical Benefits	\$108.48
Vision Service Plan Gold River, CA 95670-7985			Employee Medical Benefits	\$198.26

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1026.74

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
Pulido USB Visa

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Sacramento Sacramento, CA 95814-0703	OFC			\$200.00
City of Sacramento Sacramento, CA 95814-0703	OFC			\$200.00
City of Sacramento Sacramento, CA 95814-0703	OFC			\$200.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$600.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

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FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.			SUBTOTALS					

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/14/2019	Howard Jarvis Taxpayers Association Laguna Niguel, CA 92677	Convention exhibitor	\$500.00
1/15/2019	Crown Valley One Orange, CA 92868	Refund-Security Deposit	\$1,108.88
1/18/2019	Frank Scotto for Assembly 2018 Sacramento, CA 95814 Filer ID: 1397714	Rent reimbursement	\$10,939.00
1/18/2019	Frank Scotto for Assembly 2018 Sacramento, CA 95814 Filer ID: 1397714	Utilities reimbursement	\$2,189.00
1/25/2019	San Diego Gas & Electric Santa Ana, CA 92799-5111	Refund of overpayment	\$860.45

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period.
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

TOTAL

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/31/2019	California State University, Sacramento Sacramento, CA 95819-2605	Convention exhibitor table	\$500.00
1/31/2019	California Medical Association PAC Sacramento, CA 95814-2949 Filer ID: 742617	Convention Sponsor	\$5,000.00
1/11/2019	Spectrum San Antonio, TX 78217	Refund of Overpayment	\$152.49
1/2/2019	Steve Brown Direct Marketing, LLC Tallahassee, FL 32312-1051	Convention Sponsor	\$2,500.00
1/2/2019	San Diego Gas & Electric Santa Ana, CA 92799-5111	Refund of Overpayment	\$897.44

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period.
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

TOTAL

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/2/2019	R. Brown, K-8, LLC Palmdale, CA 93550	Refund-Security Deposit	\$1,200.00
1/22/2019	Meridian Pacific, Inc. Sacramento, CA 95825-6709	Refund of Overpayment	\$14,788.71
1/22/2019	Equity AG Financial, Inc. Carlsbad, CA 92010	Refund-Security Deposit	\$3,128.16
1/22/2019	The Estate Yountville/Villagio Yountville, CA 94599	Refund-Overpayment	\$114.11
1/22/2019	Blue Shield of California Los Angeles, CA 90074-0001	Refund-Cost Adjustments	\$689.15

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period.....
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

TOTAL

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
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SCHEDULE I

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
1/22/2019	Blue Shield of California Los Angeles, CA 90074-0001	Refund-Cost Adjustments	\$466.32
1/30/2019	Service Employees International Union Local 1000 - SCC Sacramento, CA 95814 Filer ID: 1273063	Convention Sponsor	\$10,000.00
1/30/2019	California Correction Peace Officers Association (CCPOA) PAC Sacramento, CA 95814-3963 Filer ID: 830349	Convention Sponsor	\$25,000.00
1/30/2019	New Way California Sacramento, CA 95814	Convention Sponsor	\$2,500.00
1/22/2019	The Lansing Company San Diego, CA 92130	Convention Sponsor	\$5,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule I Summary

- Increases to cash of \$100 or more this period.....
- Unitemized increases to cash under \$100 this period.....
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....

TOTAL

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Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
2/7/2019	California Realtors Assn. PAC-CREPAC Los Angeles, CA 90020-1403 Filer ID: 890106	Convention Sponsor	\$50,000.00

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$137,533.71

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$137,533.71
2. Unitemized increases to cash under \$100 this period.....	\$56.91
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$137,590.62

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Memo Reference: PAY21477
Loan